

To: The New York TIMES

From: JF Cullman 3rd

I refer to your December 2 editorial which supported the labeling of cigarette packages with "tar" and nicotine contents. This position is based on your belief that cigarette smoking is harmful.

If it is still permitted to disagree with both the Department of Health, Education, and Welfare, and the New York Times, I would like to restate my belief that cigarette smoking does not cause premature or "excess" mortality.

Some of my reasons for this opinion are given in the following paragraphs:

Comparing 1960 with 1900, when cigarette smoking was uncommon, death rates in the United States have not increased. On the contrary, they have decreased--approximately 38% for men and approximately 51% for women.

Death rates from the whole category of respiratory diseases are much lower today than they were in 1900, when cigarette smoking was uncommon. There have been huge decreases in the death rates from pneumonia and respiratory tuberculosis. Some of the respiratory tuberculosis and pneumonia deaths in 1900 may very well have been unrecognized lung cancer.

no ff A number of methods and instruments that now play a major role in the diagnosis of lung cancer were not in use in 1900. If only 10% of the tuberculosis and pneumonia deaths of 1900 were actually unrecognized lung cancer, there would today be no increase in lung cancer to be blamed on anything.

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Far too little has been made of the normal death rates among pipe smokers, as reported in the various surveys. While it is often supposed that ^{reason for the} the normal death rates for pipe smokers ^{is} are because they do not inhale, the fact is that pipe smokers who do inhale have a lower death rate, in the surveys, than non-inhaling cigarette smokers, and their death rate is about the same as that of non-smokers. ^{nor} Neither can the relatively favorable death rates of the pipe smokers be attributed to differences in the smoke of pipes vs. cigarettes. ^{Nothing} Evidence has been found in the chemical composition of cigarette smoke which would appear to be more toxic than the smoke from a pipe. I believe the pipe anomaly is one strong support for the theory that the cause of these different death rates among cigarette smokers vs. pipe smokers or non-smokers, should be looked for in terms of people difference rather in terms of what they smoke or whether they smoke.

Lung cancer is an increasingly common diagnosis among household pets.

Since 1930 stomach cancer among men has declined almost as much as lung cancer has risen. If this is not really explained, and it is not, how is it possible to be so sure of the explanation for the rise of lung cancer?

Human respiratory cancer most often originates in the innermost recesses of the lungs, which receive the least intense exposure to cigarette smoke. Cancer in the larynx, esophagus, and oral cavity, where the exposure to cigarette smoke is much more intense, is much less common, and has not increased perceptibly in thirty years. ⁹ The geographical pattern of lung cancer is quite different than the geographical pattern of per capita cigarette consumption. The U.S. per capita cigarette consumption is the highest in the world, but Scotland, England, Finland, Austria, the Netherlands, Belgium,

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and West Germany, have higher death rates from lung cancer, in spite of considerably lower per capita cigarette consumption.

One of the greatest defects in the cigarette causation theory is the lack of conformity between Male/Female smoking patterns and Male/Female mortality rates. The percentage of total lung cancer that occurs among males has been increasing for thirty years, but the percentage of total cigarette smoking that occurs among males has been decreasing for over forty years.

Cancers have been produced on the skins of animals by various condensates of tobacco smoke, but skin cancer in experimental animals can also be produced by a number of innocuous substances, such as sugar and beef.

¶ None of the surveys which ^{have} had reported higher death rates for cigarette smokers as compared to non-smokers, ^{have} ~~has~~ been truly representative either of the total population of smokers or of the total population of non-smokers. Typically, even the cigarette smokers in these surveys have lower death rates than the actual total death rates for the total U.S. population. ¶ Furthermore, even the most definite demonstration of a difference in death rates between cigarette smokers and non-smokers would not prove that cigarette smoking is the cause of this difference. For one thing, such comparisons assume no other difference between the two groups being compared. But there are other differences. For example, cigarette smokers as a class:-

- marry more often
- change jobs more often
- are more athletic
- drink more alcohol
- drink more black coffee
- are more likely to have parents with heart disease or hypertension
- have shorter lived parents or grandparents
- were more rebellious as children

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Finally, we believe that the ^{age} ~~large~~ distribution of the so-called "excess" death rates for smokers is not consistent with the theory that smoking is the cause of the "excess" deaths. If cigarette smoking were the cause, the mortality experience of cigarette smokers, relative to non-smokers, should get worse as age increases. But according to the surveys, which are being relied upon by the Public Health authorities, the mortality experience of the 60-year-old, 70-year-old, and ~~often~~ older, smokers, relative to non-smokers of the same age, is actually better than the mortality experience of the 40 or 50-year-old smokers relative to 40 or 50-year-old non-smokers.

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